

REQUEST FOR WAIVER OF CHILD CARE FACILITY REGULATION

55 PA. CODE §§3270.13, 3280.13, AND 3290.25 RELATING TO WAIVERS

Instructions: Please review the Office of Child Development and Early Learning Announcement C-21-01, Waiver of Child Care Regulations, and the applicable regulation at 55 Pa. Code §3270.13 or §3280.13 or §3290.25, relating to waivers, prior to completing this form. The operator must complete all five sections. All supporting documents related to this waiver request must accompany this form.

SECTION 1: IDENTIFYING INFORMATION		
Facility Name:	Legal Entity Name:	
Facility Physical Address:	Legal Entity Mailing Address:	
Responsible Person:	Responsible Person's Telephone Number:	
SECTION 2: REGULATION	REQUESTED TO BE WAIVED	
Specify the regulation for which the waiver is requested. Each waiver request must be submitted on a separate form.		
For child care centers: 55 Pa. Code §3270 Fo	r group child care homes: 55 Pa. Code §3280.	
For family child care homes: 55 Pa. Code §3290.		
SECTION 3: REASON FOR REQUESTING THE WAIVER		
Explain the reason for your inability to meet the regulation		

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SECTION 4: ALTERNATIVE STANDARD TO BE MET				
Explain how you plan to achieve the objective of the regulation.				
SE	ECTION 5: CERTIFI	CATION STATEMENT		
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I certify that I will meet regulatory standards relating to the health, safety and rights of children				
(see 55 Pa. Code §§3270.13(d)(4), 3280.13(d)(4), and 3290.25(d)(4)).				
Operator's Signature and Title		 Date		
****ATTACH ALL REQUIRED SUPPORTING DOCUMENTS TO THIS FORM****			///**	
ATTACH ALL REQUIRED SUPPORTING DOCUMENTS TO THIS FORM				
SI	ECTION BELOW IS	FOR DHS USE ONLY		
PC ID for this location:		MPI number for this location:		
	-		- <u>-</u>	
Has DHS ordered corrective action f □ Yes □ No	or non-compliance wit	h the regulation for which this waiver	'is requested?	
If yes, provide the inspection number(s) and date(s) on which the non-compliance was cited. Verify that all inspection				
information is included in PELICAN Provider Certification prior to processing this waiver request.				
Inspection No.:	Date:	Inspection No.:	Date:	
OCDEL Certification Representative	<u> </u>	I	1	
Date Waiver Request	-	Date Waiver Request		
Received Regional Office:		Forwarded Regional Office:		

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